

Waiver Request for 20 Hours of CPE Required During Each Calendar Year

Board of Accountancy Washington State



P O Box 9131
Olympia, WA 98507-9131

(360) 664-9191
www.cpaboard.wa.gov

PERSONAL INFORMATION (Please print clearly)

Name: _____ Daytime Phone: _____
Address: _____ License Number: _____
_____ Calendar Year: _____

EXPLANATION

Indicate the reason you are unable to complete the minimum required 20 hours of continuing professional education (CPE) during the calendar year January 1, _____ to December 31, _____ (Please indicate calendar year).

- ☐ Personal illness: _____

- ☐ Illness of family member: _____

- ☐ Military Service: _____
- ☐ Other Reasonable Cause: _____

CORRECTIVE ACTION REQUIRED

I certify that I will complete a total of 120 hours of continuing professional education during my three-year reporting period in accordance with WAC 4-25-830.

Signed: _____ Dated: _____

Return to: Board of Accountancy, PO Box 9131, Olympia, WA 98507-9131

Upon receipt the Board will retain this request in its files should you be audited.